



WSD OVERNIGHT COTTAGE REGISTRATION

Workshop Title: _____

Workshop Dates: _____

Fees-\$15/night/person:

Day _____ Date: _____\$15.00

Amount Enclosed _____

Participant Information for those staying in the WSD cottages.

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Work phone _____

Roommate preference _____

Emergency Name & phone _____

For Office Use Only

Date Received: _____

Amount: _____

Check [] Money Order [] Purchase order []

Receipt #: _____

Confirmation sent: _____

Sheets, pillowcases, blankets, towels & washcloths are furnished. Please bring your own soap, shampoo and personal items. **Feel free to bring a sleeping bag/blanket.**

Make check payable to: WSD

For: Title of workshop & dates

Send to: WSD, 611 Grand Blvd., Vancouver, WA 98661

attn: denise marychild